

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MD       | 75331  |          |
| O.I.P.E. CLASSIFIER       | MHN      | 59     | 01-15-00 |
| FORMALITY REVIEW          | DW       | 72246  | 2-3-00   |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
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| Final    |          |
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| Claim    | Date     |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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